## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1. DECEASED NAME 2b HOUR (TYPE OR PRINT) February 22, 1987 CHARLES WILLIAM ADAMS 0070 6. AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 3. SEX MONTH YEAR MALE BLACK DEC 1915 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED W St. Mary's County VALLEY LEE, MD DIVORCED [ WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY St. Mary's Hospital Leonardtown WATERMAN SEAFOOD USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE 13a. STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? ST. MARY'S MD. DRAYDEN GEN. DEL. (20630) NO DX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRS? WILLIAM MARY **ADAMS** STEWART 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST NO 218-12-9773 BERNARD THOMPSON. DRAYDEN MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c). PART I. DEATH WAS CAUSED BY RDID-PULLIONARY IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF UNG CANCER Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1160 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [ 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER P.M 71d INJURY OCCURRED 21e PLACE OF INJURY 21L LOCATION ŏ COUNTY LAT HOME STREET, FACTORY, OFFICE, FARM, ETC | CITY OF TOWN NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 6 sow the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (1) (me) (did not) view the body ofter death 776 SIGNATURE DEGREE 221 DATE SIGNED ATTENDING A MEDICAL PHYSICIAN MIDIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should b MPORT Leonardtown, MD John Bennett, M.D. 23a. BURIAL CREMATION, REMOVAL 23d LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY BURIAL

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

MATTINGLEY, LEONARDTOWN, MD

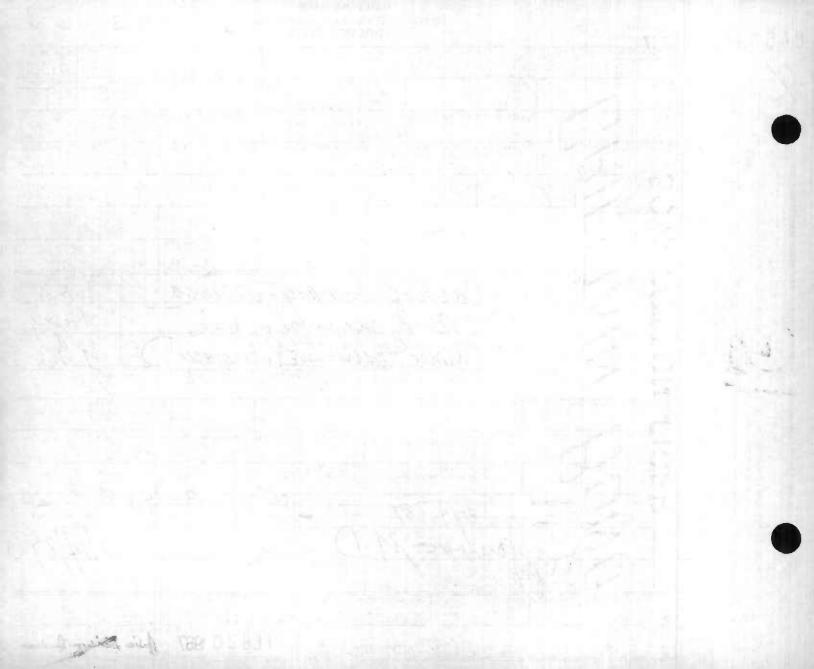
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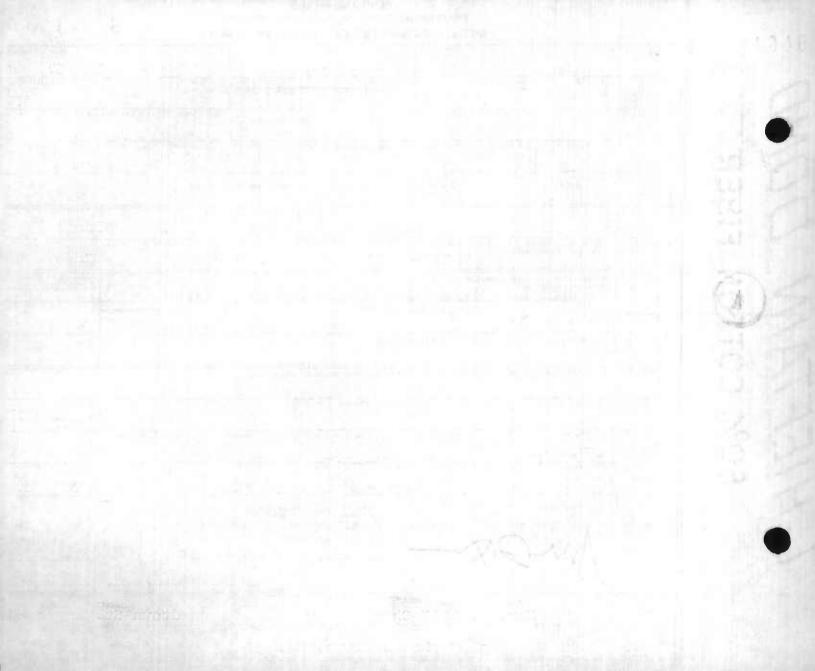
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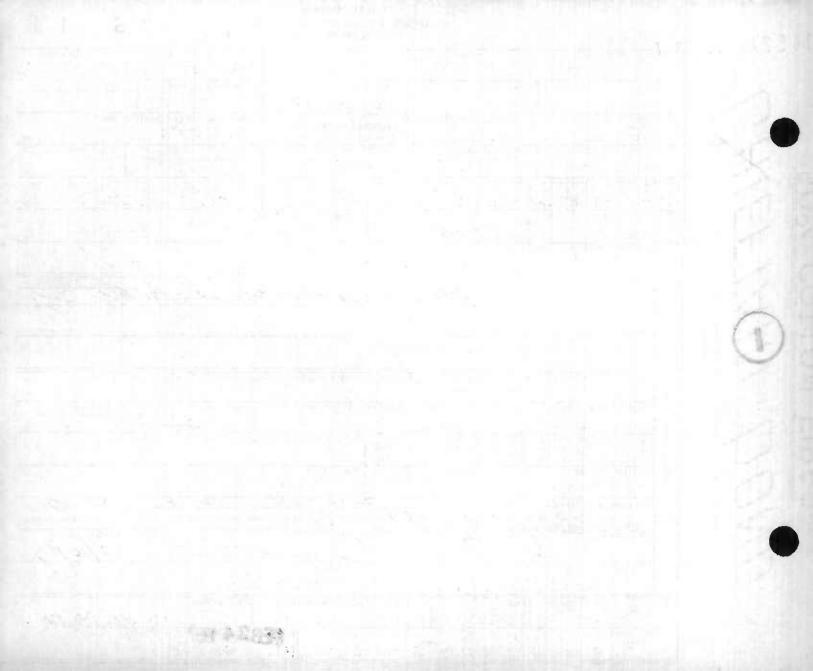


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yers a city of March 1387 S. D. March 15

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME DATE KNOWN TTYPE OR PRINTS OF 3 TO THE FUNERAL DIRECTOR.
IN PAGE 5 FOR YOUR FILES.
BE FILED WITHIN 72 HOURS
DS. 201 W. PRESTON STREET. DEATH MATED XX 19 87 James Biscoe 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 9:00 a.m Nov. 28, 1948 38, RS 19 87 Male Black DEAD 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MD. USA WIDOWED DIVORCED St. Mary's County 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 128 KIND OF BUSINESS FOR MOST OF WORKING (IFE) Security Guard Motel Lexington Park ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION BALTIMORE, MD. 21201 Box 644 13ª STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? St.Mary's Lexington Park Maryland NO [] 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Grace Biscoe Anderson James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 217-46-5399 Same Grace C. Anderson No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Contact Gunshot Wound of Head (rifle) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 10 AUTOPSY? (head DEPARTMENT OF HIS E CHIEF BE USED abdomen 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OULD HOUR MONTH DAY YEAR UNDERLYING KINDR 16:30 M. 2-27 19 87 subject shot himself CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE WHILE AT WORK AT WORK 235, Lexington Park, St. Mary's Co., Md. woods near---Rt. (Head & Abdomen 22a I certify that I took charge of the Inspection SuicideXX Accident Hamicide \_\_\_\_\_\_\_ Undetermined monner death resulted fram: Notural causes \_\_\_\_\_\_, TITLE (SPECIFY) ACTUAL M Deputy ChiefMEDICAL EXAMINER 2-28-87 SIGNATURE EXAMINER'S NAME I Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 23g BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Mar. 4, 1987 Charles Memorial Leonardtown St. Mary's Md. Burial 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** W. Clarke Mattingley Leonardtown, Md. (VR A15 ME (5))





## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 046259 CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH 25 HOUR 1 DECEASED NAME MONTH (TYPE OR PRINT) Chewning 11 Jam 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX YEAR BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN NEVER MARRIED naini DIVORCED [] 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 2103 ATHER'S NAME 15. MOTHER'S MAIDEN NAME 17 JNFORMANT WAR OR DATES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for iai, (b), and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CARDIO PULMENARY DUE TO, OR AS A CONSEQUENCE OF OBASLE SEPSIS Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. AND/OR URINARY. TRAITIN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION DEMENTIA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 218 PLACE OF INJURY

211 LOCATION LAT HOME STREET FACTORY OFFICE FARM ETC )

22e ADDRESS

COUNTY CITY OF TOWN

220.1 certify that (1) (this haspital) attended the deceased fram, saw the deceased alive an. above, (1) (we) (did) (did not knew the body after death. 226 SIGNATURE

210 ACCIDENT WAS UNDERLYING

MEDICAL

OR CONTRIBUTING TO CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

STATE

23c NAME OF CEMETERY OR

DHMH - 16 60M 7/84 (VRA 15, 4)

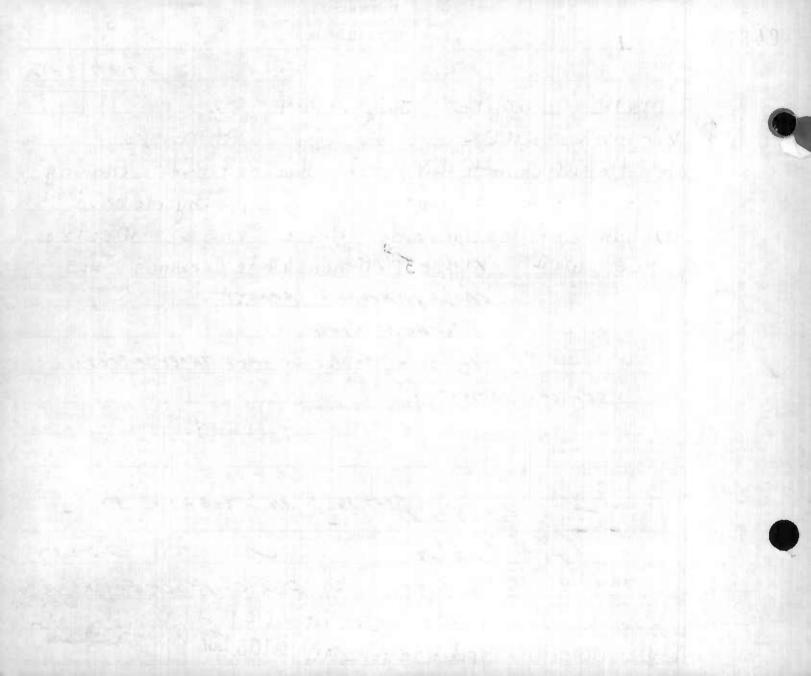
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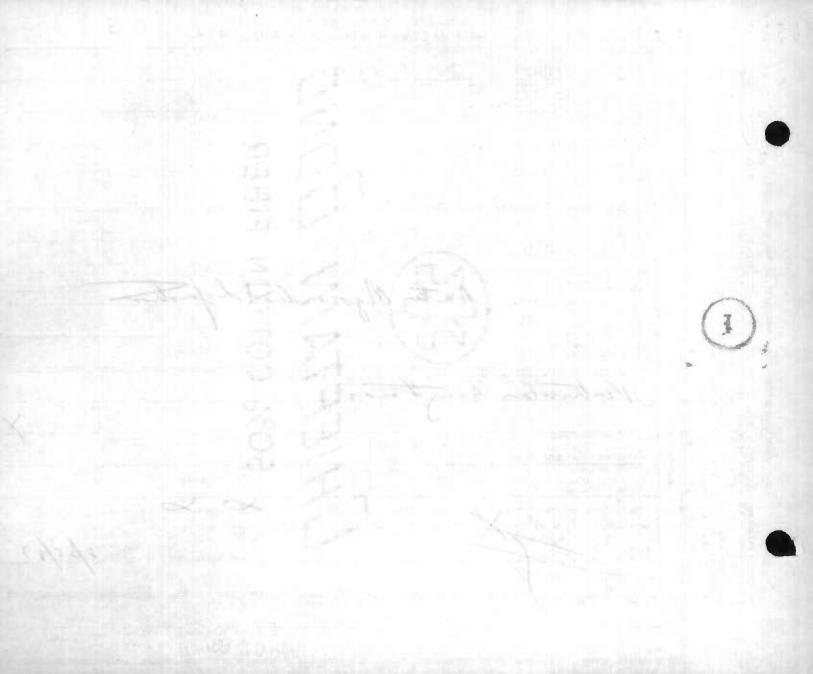
216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I ORPART 2)

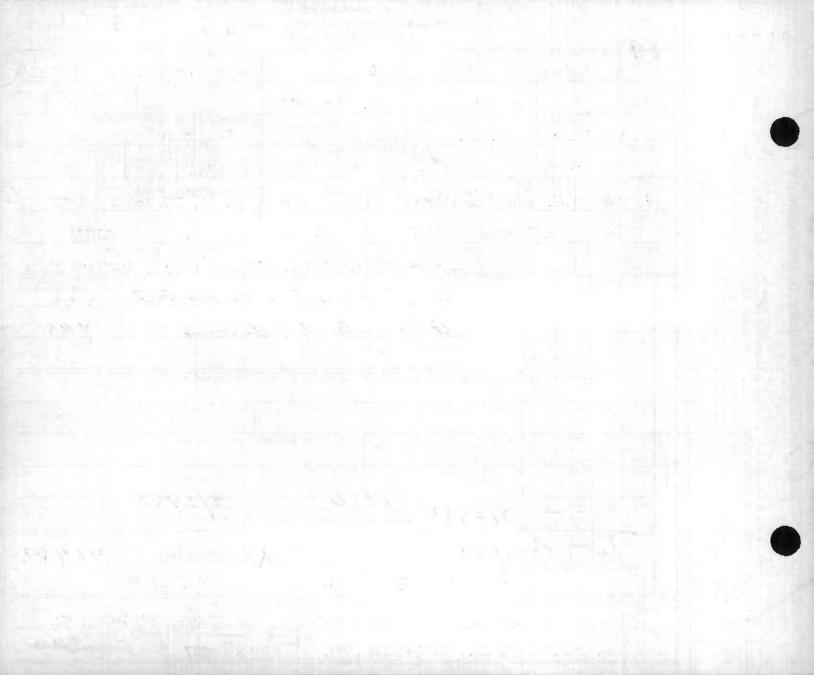
and that in [my] (our) opinion death accurred on the date and hour and from the causes stated

STAFF

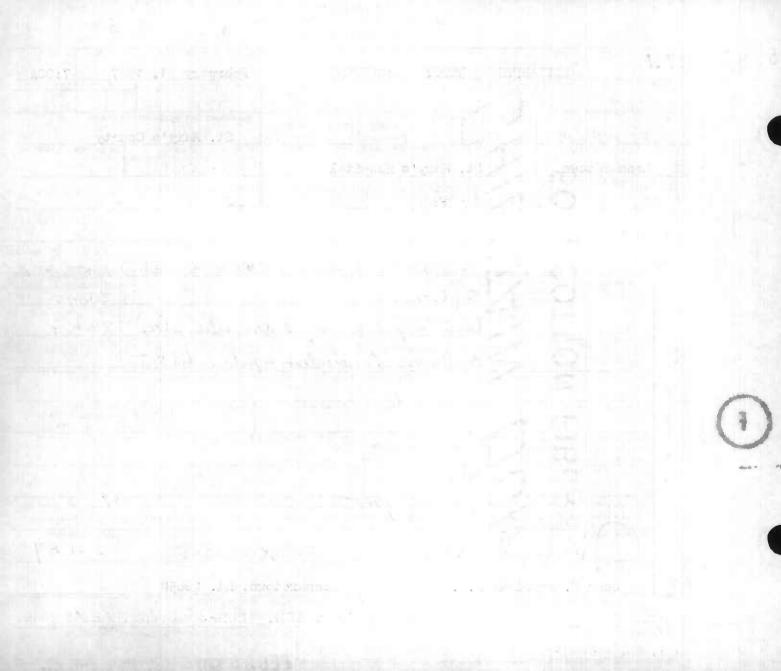


DEPARTMENT OF HEALTH AND MENTAL HYGIENE -STATE REGISTRAR REG NO 1. DECEASED NAME 20. DATE KNOWN [TYPE OR PRINT] OF ESTI-JOHN DEATH MATED 2 CLIFTON 251987 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS. 2d HOUR DATE LAST BIRTHDAY) MONTHS PRONOUNCED AUG. 15, 1910 MALE BLACK 76 DEAD 25 1987 76. CITIZEN OF WHAT COUNTRY In BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED V NEVER MARRIED FOREIGN COUNTRY! S.C. USA ST. MARY'S WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY LEXINGTON PARK NAVAL HOSPITAL PATUXENT RIVER MINISTER CHURCH USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONAL 130 STATE 13d. INSIDE CITY LIMITS? 113e. STREET ADDRESS. MD. ST. MARY'S LEXINGTON P.O. BOX 382 PARK X NO 1 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE JOHN CLIFTON EUNICE TINKER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) NO 218-00-5999 HATTIE CLIFTON SAME AS 13E 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: RECORDS, 201 W. PRESTON ST Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FUR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? RWARDED TO THE OF STATE DEPARTMENT.
STATE DEPARTMENT.
2, 21201 PRIOR TO BIN 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY EATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 22a I certify that I took charge at the remains described above, held on Autopsy and in my apinion death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE M.D. MEDICAL EXAMINER EXAMINER'S NAME PAGE A TO FUN AFTER I JAMES C. BOYD, M.D. TYPE ON PRINT ADDRESS. LEONARDTOWN 230. BURIAL PREMATION, REMOVAL DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY BURIAL STATE 3/1/87 HOLINESS PARK HALL, ST. MARY'S CEM. 07/B4 BP. MD 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATUR **DHMH - 17** Julia Davidson. MATTINGLEY, LEONARDTOWN, MD. (VR A15 ME (5))





	1			STAT	E OF MARYLAND		
	1-	FOR STATE REGISTRAR			FICATE OF DEATH	GIENE 8 7	0591
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4 mo	3 SEX		4. RACE	S. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS
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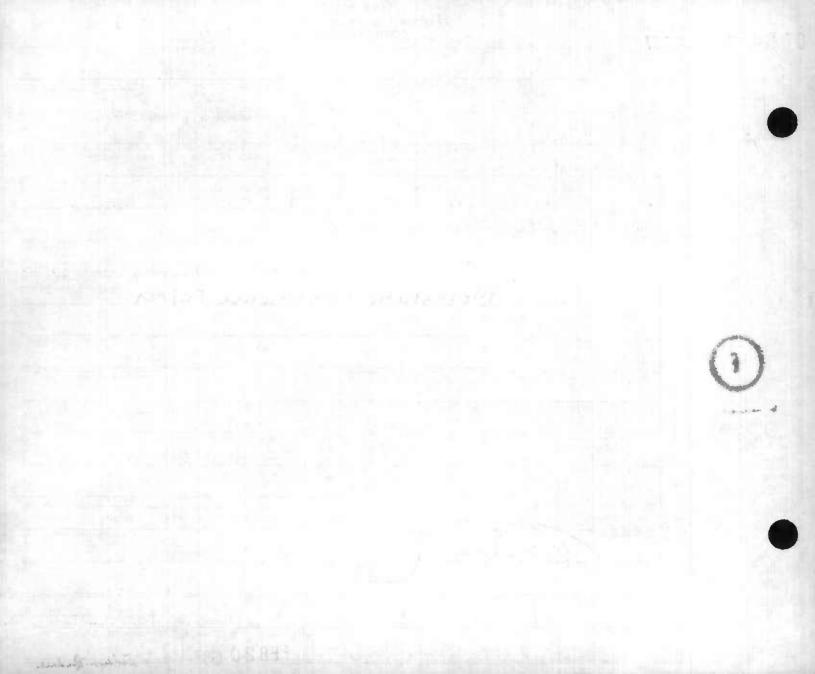


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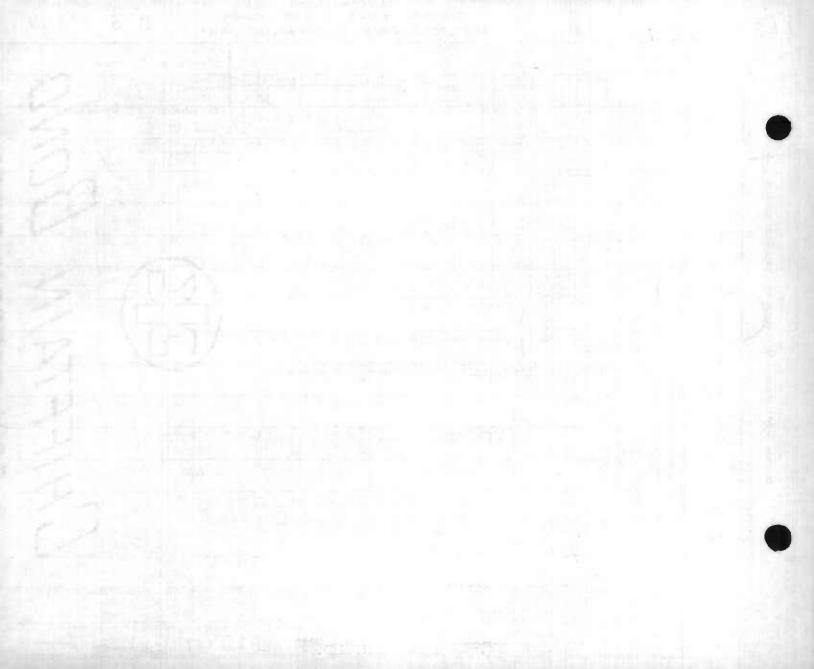
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE I - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X 25 HOUR (TYPE OR PRINT) IF ANY DELLY IS NECESSARY, PLEASE, AND 31 OT HE FUNERAL DIRECTOR.
RETAIN PAGE FOR YOUR FILES.
SHOULD BE FILED WITHIN 72 HOURS.
LREÇORDS, 201 W. PRESTON STREET, ESTI-DEATH MATED 12-9-8 FENWICK KEY-ARRA 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH YEAR PRONOUNCED 10:29a 2-9-87 DEAD EEMALE BLACK 3,1986 JUNE YRS TO BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) s County St. Mary USA MARYLAND WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE) Patuxent River Hospital NONE LEXINGTON PARK HER-INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND CALIFORNIA YES [] NO T BOX 107-9 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME PAGES 1, WITH FORM PM.
PAGES I AND 2
DIVISION OF VIX MIDDLE MIDDLE LAST FIRST TERRY DONALD FENWICK IRMA ANN THOMAS 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO NONE DONALD FENWICK. SAME AS TERRY IB CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Sudden infant death syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a) CERTIFICATION 19a, DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? THIS GR.,
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TO THE CONTROL OF T YES X NO T 2 To. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. VPAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIM BACTIMORE, MARYLAND, 2' Autopsy 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my opinion Natural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) 2-10-87 ACTUAL Assistant DATE SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 235. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION SPECIFY COUNTY STATE BURIAL 2/12/87 SACRED HEART CEM 07/84 BP BUSHWOOD, ST. MARY'S MD 25M 24 FUNERAL DIRECTOR **DHMH - 17** depresent to the second CLARKE MATTINGLEY, LEONARDTOWN, MD (VR A15 ME (5))



CLARKE MATTINGLEY, LEONARDTOWN, MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

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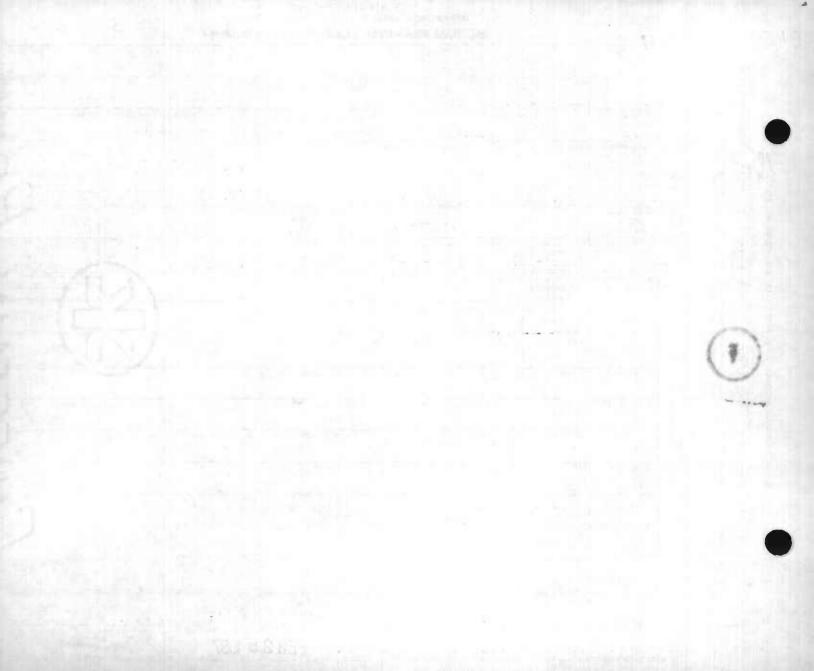
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111111	-	JNERAL DIRECTOR		2/23/	07	01.	20010		25a DATE F				TRAR'S SIGNAL	
DHMH - 16 60M 7/B4 (VRA 15, 4)	EL	WARD N. BI	RINSFI	ELD. J	R. LEC	NARDT	OWN I			00	140			- Little
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE ~ REOISTRAR 20 DATE KNOWN F. DECEASED NAME MONTH (TYPE OR PRINT) ESTI-DEATH MATED Bruce Hufford 7/19 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 24 HOUR LAST BIRTHDAY PRONOUNCED MALE WHITE JAN. 22, 1934 53 DEAD ам 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) TEXAS U.S.A. WIDOWED DIVORCED St. Mary's County, ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 1 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY Patuxent River Patuxent Naval Hospital U.S. NAVY/RETIRED 20622 | 13d. INSIDE (ITY LIMITS? | 13e STREET APDRESS | RT. #1, BOX 96A, OAKS ROAD MARYLAND ST. MARY'S CHARLOTTE HALI 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE EDWIN HUFFORD MARION PATE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRING. #1, BOX 96A YES 1953-1972 CHRISTINA R. HUFFORD. CHARLOTTE HALL.MD. 466-46-0118 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate... cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES V NO [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10:30 x 2/17/ 19 87 subject driver of auto/truck collision 21 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Mary's City roalway 220 I certify that I taak charge of the remains Autapsy XX death resulted fram Natural causes Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE Assistant MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. TYPE OR PRINT 111 Penn St ADDRESS\_ 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY BURIAL 2/24/87 MARYLAND VETERANS CHELTENHAM, P.G., MARYLAND 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD. (VR A15 ME (5))



(VRA 15, 4)

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CLARKE MATTINGLEY, LEONARDTOWN, MD

24 FUNERAL DIRECTOR

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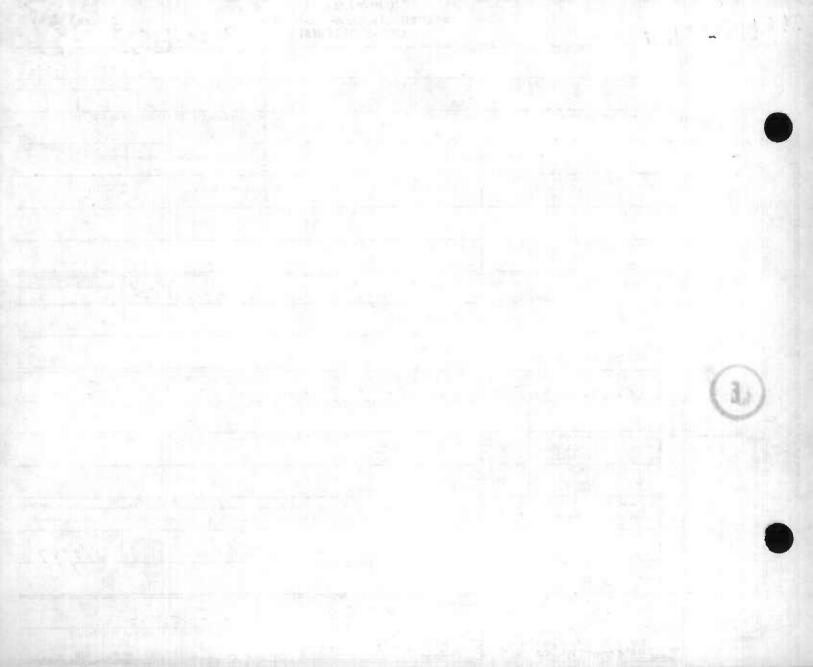
(VRA 15, 4)

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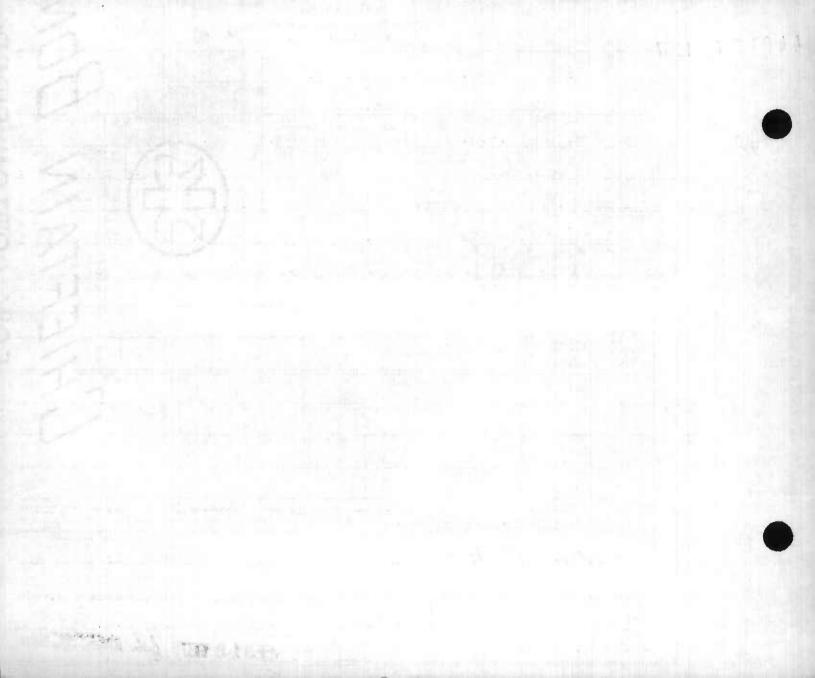
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				STATE OF MARYLAND		
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page 3		MARG	ARET L.	LEWIS	FEBRUARY 9,1	987 4:45a A
4 ma	3 SE	X	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR		UNDER 1 YEAR IF UNDER 24 HRS
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the Company	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS!  IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	178 USUAL OCCUPATION  (1782 POTOTTE OF WORKING LIFE)	12b. KIND OF BUSINESS OF
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(VRA 15, 4)



EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

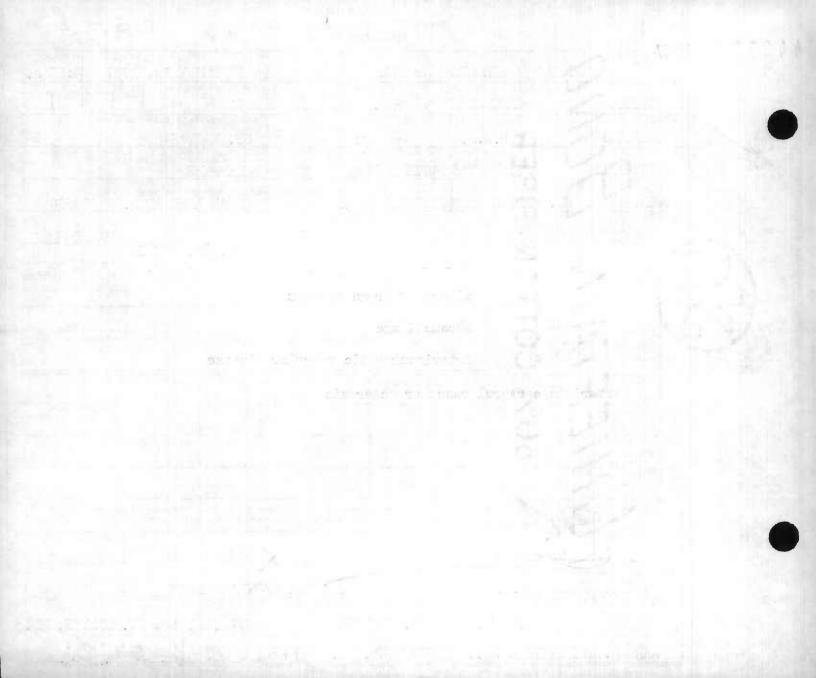
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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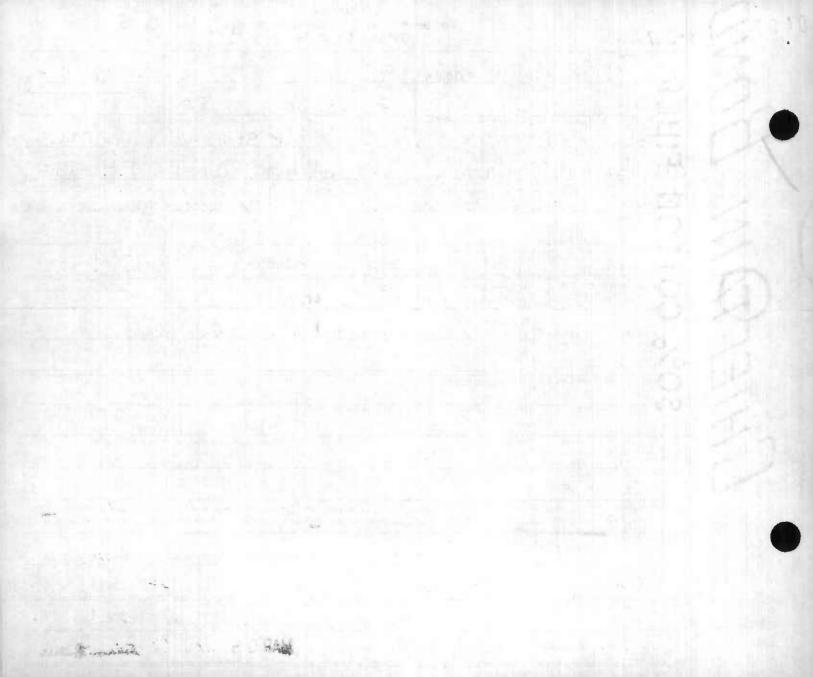
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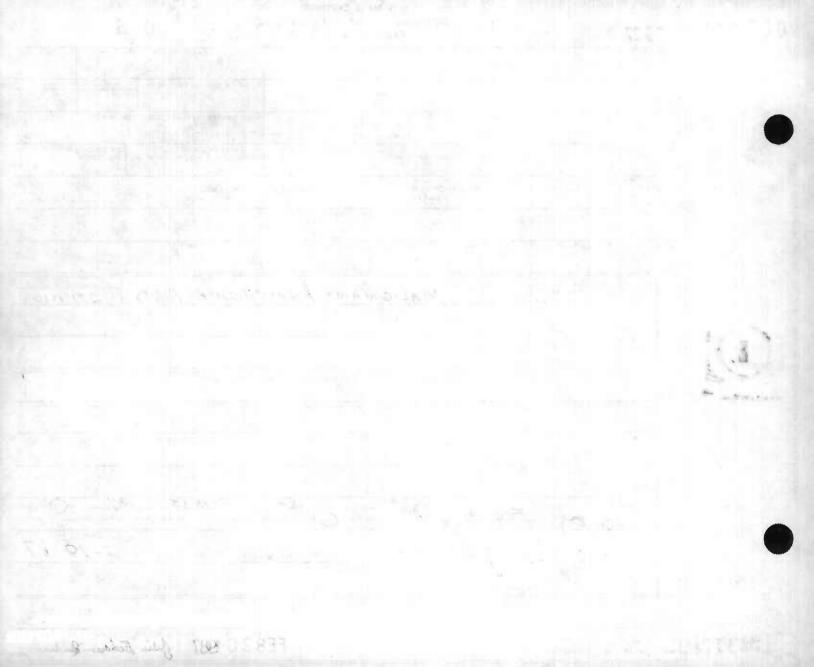
Funeral Home



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20. DATE OF DEATH . DECEASED NAME 26 HOUR (TYPE OR PRINT) LAWRENCE AUGUST PRITIE 4. RACE 5 DATE OF BIRTH 3 SEX & AGE LIN YEARS LAST BIRTHDAY) Male Caucasian June 17, DAY 1917 69 To BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED St. Mary's County Washington, D.C. USA DIVORCED T ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS INDUSTRY Leonasidtown Mary's Hospital Auto Mechanic Automobile 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 1 13d. INSIDE CITY LIMITS? Russell Road Maryland St.Mary's Valley Lee 20692 NOX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Sheaffer August Pflieger Edna ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Wife: 20692 W.W. II Elizabeth W. Pflieger PO Box85, ValleyLee, Md. Yes 578-03-9649 18 CAUSE OF DEATH (Enter only one cause per line for ital, in and PART I. DEATH WAS CAUSED BY. scendere Oslon 1 minoh Canditians, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n ALITOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS NON 71g. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHAT (1) This hospital) attended the decoased from (aur) apinian death accurred an the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS ld b John W. Roache, M.D. Mechanicsville, Maryland 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL [SPECIFY] 2/8/87 Burial St. George Church Cem. Valley Lee, St. Mary's, Md. PO Box 279,59 N. Wash. S 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATU 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Brinsfield Funeral Home Leonardtown, Md. 20650 (VRA 15, 4)

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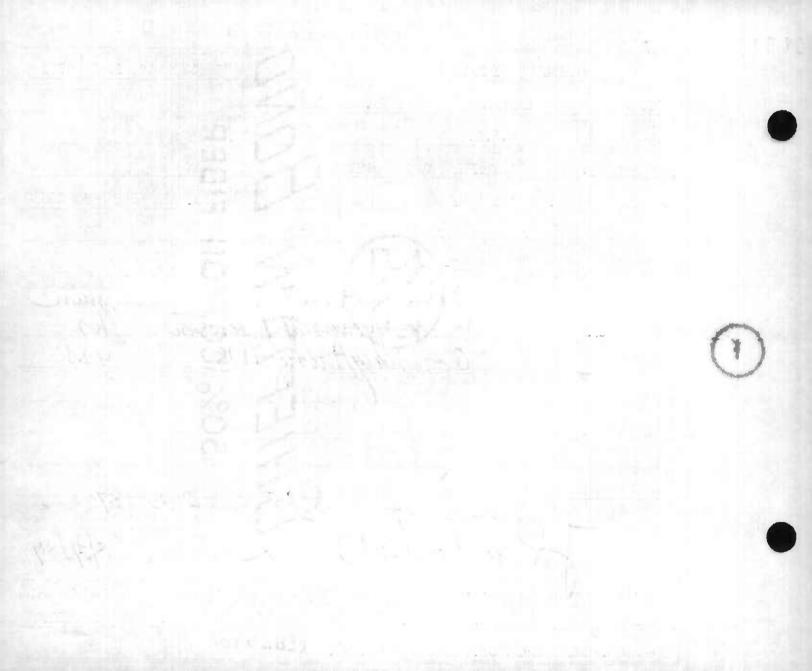
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hen	(Y	S, NO OR UNKNOWN)	(IF YES, GIVE									
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u eve		PART I. DEATH W	H (Enter anl) AS CAUSED	y ane cause per BY:	r line far (a), (b), a	and (c).1	VANT LYM	allana	nnn		MATE INTERVAL ONSET AND DEATH	
hen please ren r to burial, che	NO	cause (a), statin underlying cause PART 2 OTHER SIGN	last	(c)	R AS A CONSEQ		NOT RELATED TO THE TERA	MINAL DISEASE OR CON	IDITION GIV	VEN IN PART 110	21	
Hygiene prio	CERTIFICATION	9a DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	206 AUTOPSY?    206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES   NO   YES   NO				
Mental Hygin or Item 18		218 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING	AUSE OF DEAT		OF INJURY M. MONTH M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, I	PART I OR PART 2)		
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should be detached with the State Dept IMPORTANT: If It	23a BI (5)	6/	GUY		230		MECHANIO  EMETERY OR CREMATORY  D HEART CEM	23d. LOCATION	OD S	T.MAR)	Y'S MD.	



EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

DHMH - 16 60M 7/84

(VRA 15, 4)



	_ FOR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY	GIENE	m 5 7 3
	- STATE REGISTRAR		CERTIFICATE OF DEATH	8 / U	3 4 3 A
0673 MAR-	1. DECEASED NAME FIRST	MIDDLE	LAST		YEAR 26 HOUR
ay be	DOROTHY	WILLIAMS S	SMITTH	February 22, 198	87 5.25 R
mo)	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		IF UNDER LYEAR IF UNDER 14 HRS
ector rs of	FEMALE	CAUCASIAN	AUG. 31, 1904	82 YRS	DATS HOURS MIN.
Po Po	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8. MARRIED   NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
CC PARTIES	MARYLAND	U.S.A.	WIDOWED DIVORCED	St. Mary's Count	MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	URSING HOME OR OTHER INSTITUTION E STREET ADDRESS)	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
1 Per	Leonardtown	St. Mary's	Hospital	BOOKKEEPER .	PLUMBING
d be		DUNTY 13c. CITY O	R TOWN 1134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
2 ( 2 )		. MARY'S LEON	ARDTOWN YES 🕅 NO 🗆	EAST KEYWAY	20650
A Care	14 FATHER'S NAME	MIDOLE	15. MOTHER'S MAIDEN N FIRST	AME MIDDLE	LAST
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efoined by the	David Allen			Leonardown Mi	20600
should with the					- 636
D.D.	230 BURIAL, CREMATION, REMO BURIAL		CLIDICE EDICODAL	CITY OR TOWN	COUNTY STATE
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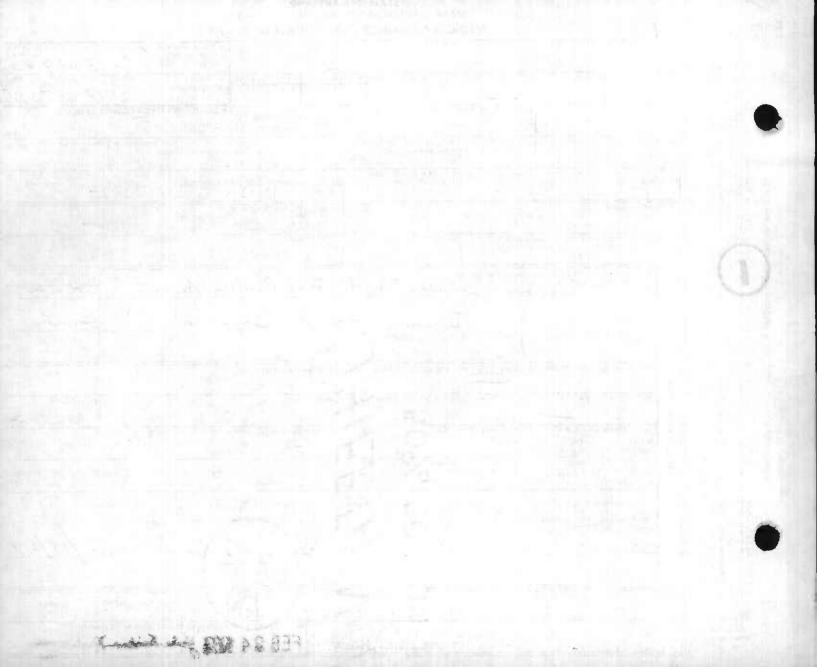
W. CLARKE MATTINGLEY, LEONARDTOWN, MD

(VRA 15, 4)

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E of a min		OHN WAS DECEASED EVER IN 1	LE ABASED SORCES	SHA	AW L SECURITY NO.	MARTI 17 INFORMANT	HA		ADDRESS	FEN	IDER_	
die e	(	YES NO OR UNKNOWN) (II	YES, GIVE WAR OR DATES)		14-5986			m::			100	
	N					BETTY S	S. LA	THAM	SAM	E AS	13E	ATE INTERVAL
A tra	W	18 CAUSE OF DEATH (E PART I. DEATH WAS	PART I. DEATH WAS CAUSED BY. DOLLE ROLL STATE TO A LIGHT									
		IM	MEDIATE CAUSE (0)_	FIEUI	COME	CSTIVE	FIENII	1 711	LUILL		2 h	ous
oth oth on, o on, o on, o o		C 19 9		/	SEQUENCE OF	ntsay	D155A	66			7 11	ians
mov movin	1	Conditions, if ony, who gove rise to immedi	iote				W13 16	- 5 1-			1	143
ot th oy th se re	1	couse (o), stoting underlying couse	ost DUE TO, C	OR AS A CON	SEQUENCE OF						1.5	
DIVISION OF VITAL RECORDS, 201 W. PRESION ST ING PHYSICIAN: The low requires that the death contending physician.  After this certificate has been signed by the attending os the burial-transit permit. Then please remove content hand Mental Hygiene prior to burial, cremotion, or acked or term 18 shows any injury, or other troumatic evaluation.	1	PART 2 OTHER SIGNIE	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO									
RDS, equire then tabe	No.	Diahata A	11 , ,		ANGINA		- 1 1	INFR	1	4.0		2
ony only	I	190 DATE OF OPERATION		TION FOR	VHICH OPERATIO	N WAS PERFORME		200 AUTOPS	Y? 20b	IF YES, WEI	RE FINDING	GS USED
he to he to	CERTIFICATION					•		YES N		YES [	CAUSES	NO [
N: The Nysicio cote by Hygie Hygie	E E	210. ACCIDENT WAS UNDERLY		OF INJURY	H DAY YEAR	21c. HOW INJUR	YOCCURRE	O (ENTER NATUR	E OF INJURY IN I	TEM 18 PART I C	RPART 2)	
SICIAI ph ng	CAL	OR CONTRIBUTING CAUS	SE OF DEATH	P.M.	19							
PHYS and in din din din din din din din din di	MEDICAL	21d. INJURY OCCURRED	LAT HOME S	E OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET			ITY OR TOWN	C	OUNTY	STATE
Of CO.	1	AT WORK NOT WHILE										
NDI N or		22a.1 certify that (1) (thi	s hospital) attended t	the deceased			19.26	. to 09	tahnun	7	1	ot (1) (we) lost
ATTE spite CCTO Stor of for n 21		obove, (I) (we)(did)	(did not) view the bod	ly ofter death.		nd that in (my) (our	r) opinion de	ath accurred a	n the date-a			
OR e ho	18	22b. SIGNATURE	11-1			DEGREE	NDING	MEDICAL	STAFF	1	22c DATES	
TAL by th Wat deta deta		L -	- 2 - W-	-	~. >	PHYS	SICIAN P	DIRECTOR [	PHYSICIAN		02-10	0-i+
O HOSPITAL TO FUNERAL Thould be de		22d. PHYSICIAN'S NAME				22e. ADDRESS						
O HOS etoined TO FUN should b with the			Westura,	M.D.				, Md. 2				
T = L × > Z		BURIAL, CREMATION, REA				EMETERY OR CREA		23d. LOCATH	TOWN	COU		STATEN.
BP	B	URIAL	2/13	/87	MT.CA	RMET CE						
DHMH - 16 60M 7/84		UNERAL DIRECTOR			DRESS		250. DATE F	REC'D. BY REG	ISTRAR 25b. I	REGISTRAR'S	SIGNATU	RE
(VRA 15. 4)	W	CLARKE M	ATTINCIE	VIEC	MIX DDTO	ATM MIN				2		A

T		FOR		n	EPARTMENT		MARYLA		VOIENE				
FFR 2		STATE REGISTRAR			ICAL EXA					/ REG.	0 5	2 3	1
6.	1. DE	CEASED NAME	FIRST		MIDDLE		LAST	JAIL O	***	TE KNOWN	140.		AR 2b. HOUR
	{TYF	E OR PRINT)	arah	Ar	nn	Та	vlor			F ESTI-		18 198	-4-5
	3. SE			5. DATE OF BIRTH	IA AGE	(IN YEARS I IF	INDER 1 VP	IF UNDER 2		ATE	MONTH	DAY YE	AR 2d HOUR
		F	В	04-28-0	YEAR IAST	YRS.	NTHS DAYS	HOURS	MIN PRON	OUNCED	7	18 198	- 1
-		RTHPLACE (STATE OR		76. CITIZEN OF WHA		1.0			9. BAI	TIMORE CIT	Y OR COUN	ITY OF DEATH	
5		REIGN COUNTRY)	7.3	Prince Ge	eorge		RRIED   NE	DIVORCE		Mary	s		AAD
P	10. CI	TY OR TOWN OF DEA	ATH	11. NAME OF HOSP	TAL, NURSING		THER INSTITU		12a. USUAL OC	CUPATION (			
1		ngview	1	St. Mary	s Hospi	tal		1200	OPERA	WORKING LIFE)		OR INDU	SIKY
II.	130 S	L RESIDENCE (IF IN NU	RSING HOME OR		RESIDENCE BEFORE A		13d. INSIDE C	CITY HIMITS?	13e STREET AC	DRESS	Trans.	711	117
1		Maryland	Princ	ce George	Oxon H		YES	NO 🗆	1300 STREET AD	Southvi	iew Dr	ive	//
1	1	THER'S NAME		MIDDLE	LAST		F	ER'S MAIDEN		MIDDLE		LAST	
4		Clarence Pa		55.500.550				lizabe	eth			NTEROY	
/	(4	ES, NO. OR UNKNOWN)	(IF YES, GIVE W		166 SOCIAL SEC		17. INFOR			ADDRE		20601	
0	1	10			578-48-		Mari	on Bre	ewer, L	ongviev	V, MD		
	18	18 CAUSE OF DEAT PART I DEATH W	AS CAUSED	BY:	11	De +	P. D.	DC.	-dei-	1	- 1	BETWEEN OF	NATE INTERVAL
			IMMEDIATE		S A CONSEQUE	NCE OF	7 -10	or ca	raine	Mores	/	1000	ars
REMOVA		Canditians, if a		00210,011	1		Ho cas	4 7	1 -00			Use.	
		gave rise ta cause (o) stating		DUE TO, OR A	S A CONSEQUE		1000	1 20				Time	7
	17	lying cause last.		(c)_									
	It.	PART 2 OTNER SIGNIFICAN	T CONDITIONS CO		T NOT RELATED TO TH	TERMINAL DISE	ASE OR CONDITIO	N GIVEN IN PART	[ ] (a).				
_	NO.												
2	CERTIFICATION	190. DATE OF OPERA	TION	196. CONDITIO	ON FOR WHICH	OPERATION	WAS PERFOR	RMED?				20 AUTOP	5Y?
	RTIFI				_	_						YES [	NOUS
7		UNDERLYING		HOUR A.M.	NJURY MONTH DAY	YEAR 21c.	HOW INJURY	OCCURRED	(ENTER NATURE C	F INJURY IN ITEM	18 PART 1 OR PA	ART 2)	
3	MEDICAL	CONTRIBUTING	CAUSE OF DE		1						2/9/		100
	MED	21d. INJURY OCCURE WHILE NOT		STREET, FACTOR	INJURY (AT HO	AE,   211. L	OCATION STREET		CITY O	RTOWN	cc	YTAUC	STATE
		AT WORK AT W	ORK					-					
		22a. I certify that I	taak charge	af the remains descri	bed abave, held	on Auto	ipsy ,	Inspection	Inqu	iry .	ond in my o	pinion	
		death resulted fram	: Natural	causes A	ccident .	Suicide	, Hamic	cide .	Undetermined	l manner	],	,	
		ACTUAL	10.	00	XILL		TITLE (S	PECIFY)			DATE	2/	ola
7		SIGNATURE		76.			M.D.	spirty	MEDICAL EX	AMINER	SIGNI	ED Z	3/8/
4		EXAMINER'S NAME (TYPE OR PRINT)	Dav	id C. Al	len		_ADDRESS_	Legr	nardto	wn , Mai	rylan	d	
	23a.Bl	IRIAL CREMATION R	EMOVAL 23b	. DATE	23c. NAME O	CEMETERY	OR CREMATO		23d. LOCATIO				
		urial	2	/20/1987			etery		Kinsa		STMOR	ELAND,	rginia
		NERAL DIRECTOR		ADDRESS					C'D. BY REGIS		GISTRAR'S	SIGNATURE	. 3-1114
	W.	Clarke M	attin	gley Lec	nardto	wn , Ma	rylan	EEB 2	24 192	- Silver	-	-Marghalle	



to the second se Distinct contract the same of the paper of salith 5 1 1 1987

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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 REG. N	o. U 3	
ı	DECEASED NAME FIRST	MIDDLE	1	ASI	20 DATE OF DEATH	MONTH DAY YEAR	P 2b. HOUR
E	MILLARD	REED	THOMA	S	February	2, 1987	7:50 B
	3. SEX	4 RACE	S. DATE C		& AGE (IN YEARS LAST BIR	MONTHS DA	
1	MALE	CAUCASIAN	SEP		86	YRS.	TO HOURS MIN.
1	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	1
1	WASHINGTON, D.C.	. U.S.A.	WIDOWE	37	St. Mary	rts	MD.
1	10 CITY OR TOWN OF DEATH  Leonardtown	NAME OF HOSPITAL, NU	TREET ADDRESS)		120 USUAL OCCUPATION OF THE PARTS SPEC		D OF BUSINESS OR
5	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 138 COUN MARYLAND MONTO	OTHER INSTITUTION, GIVE RESIDENCE B	BEFORE ADMISSION)	1134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE 11700 ZER SPRING	
1	14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN P	NAME MIDDLE		LAST
	WILLIAM		MAS	MARY	Middle	MCDONALD	(ASI
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S	SECURITY NO.	17 INFORMANT	ADDRE	ESS	
d	YES WW I		-1632	SUSAN THOMA	S(DAU.) SAME	AS ITEM #1	13e
	Conditions, if ony, which gove rise to immediate cause [a1], stating the underlying couse last.  PART 2 OTHER SIGNIFICANT OF 190, DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING  19b. CONDITION FOR WH	TO DEATH BUT	ere)	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
-	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		Tale HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	YES THE THE PART I OF PART	NO []
	OR CONTRIBUTION CALLER OF DE .						
	OK CONTRIBUTING CAUSE OF GEA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC )	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	27a. I certify that (I) (this hospit sow the deceased alive an abave, (I) (we) (did) (did po	1/2	07/	nd that in (my) (aur) apinio	on death occurred on the do	ate and hour and from t	_, that (I) (we) last the causes stated
	226. SIGNATURE  226. PHYSICIAN SAME THE CAME OF CAME O	Boyd, M.D.		ATTENDING PHYSICIAN 270 ADDRESS Leonard		FF	TE SIGNED
	230 BURILL CREMATION, REMOVAL (SPECCREMATION)	23b. DATE		EMETERY OR CREMATOR		ON, VA. COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

should be detached for use or with the State Dept. of Health

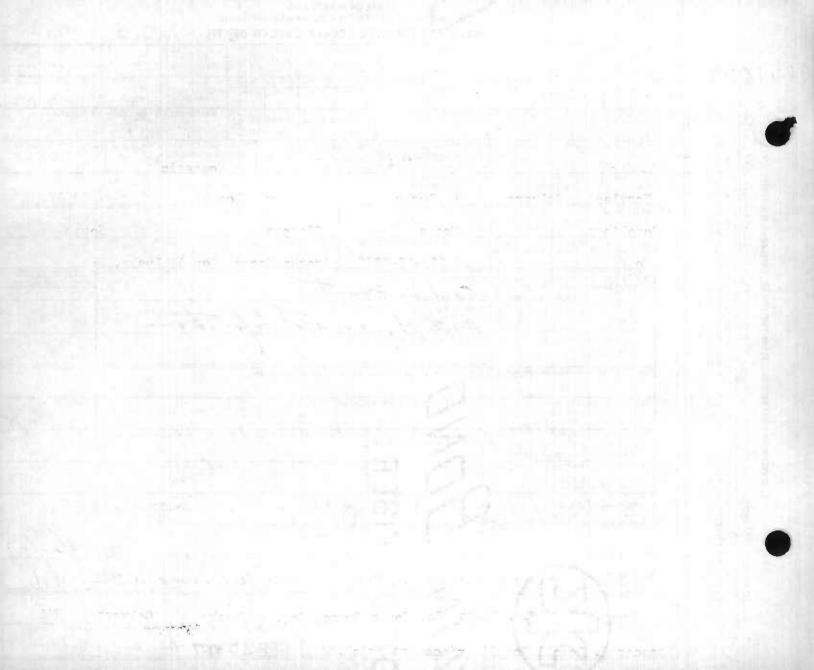
MPORTANT

TO HOSPITAL OR ATTENDING PHYSICIAN:

24 FUNERAL DIRECTOR UNERAL DIRECTOR

VANN & WILLIAMS, 4804 GA. AVIPS, N.W., MASH., D.C. FEB. 9 98 July Designature Rondon.

			00		100	SED A DTAAE		F MARYLAI		CIENE			
		] - :	OR STATE				NT OF HEAD				0. 5	4 4	0
	40-100		EASED NAME	FIRST	14151	MIDDLE	AMINER	LAST	CATEO	2a. DATE 1	REGINO. NON	TH CAY YEAR	Zh HOUR
0				ORAMAE	MAII	REEN	WEEMS			OF	ESTI-		
0451	803 HR 2	3) SEX	7		DATE OF BIRTH		GE (IN YEARS) IF	UNDER 1 YR	TIE LINDER 24		WALED 105	1 22 1987 TH DAY YEAR	2d HOUR
	DIRECTOR NO. ST.			GROID"	JUL DE	YEAR	4 Q YRS.	ONTHS DAYS		PRONOUN DEAD		77	
	YOU YOU		THPLACE (STATE OR		CITIZEN OF WE		2 18			- 9 BALTIM	ORE CITY OR COL	INTY OF DEATH	10.554
-	VECESSARY, PEOUFER DIRECTOR FOR YOUR MITHIN 72 HOL	FOR	EIGN COUNTRY)			IN COUNTRI	M	ARRIED   NE		X			
	- E 4)		ARYLAND Y OR TOWN OF DE	ATH ALL	NAME OF HOS	PITAL NURSIN		OWED U	DIVORCED	USUAL OCCUP	MARY'S		USINESS
	>문장문용	100		N N	LIE NOT IN SUCH EA	OSPIT	ADDRESS			FOR MOST OF WORK	ING LIFE)	OR INDUS	TRY
	200	USUA	L RESIDENCE (IF IN ML		HER INSTITUTION, GI	E RESIDENCE BEFO	RE ADMISSION)			Domes			
1201	ANY DEL AND 3 TO	13a. S1		NE COUNTY		13c. CITY OR		13d. INSIDE (		Be STREET ADDRES	SS	20657	
0.3	= 2 - T	PA FA	Maryland THER'S NAME	Calve	rt	Lus	ру		ER'S MAIDEN	Box 48			
*	DEATH.	/	FIRST	M	DDLE	LAST			FIRST	MI	GOLE	Conch	
O. S.	A A G E	160 W	orelious AS DECEASED EVER	IN U.S. ARMED	FORCES?	Weems	SECURITY NO.	17. INFOR	nche MANT		ADDRESS	Gough	
BALTIMORE, MD. 2120	4 HOURS AFTER DEATH. EM.18. GIVE PAGES 1, DNG WITH FORM PM. ERMIT PAGES IND. RINE, DMISION C. AL.	(YE	S. NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	210_	48-8265	Arot	ha Hoo	mo Post	48 Lusby,	Ma	
	S ON A S	2'	NO 18 CAUSE OF DEA	IH (Enter anly a	ne cause per line			TALEL	na wee	NS DOX	to Lusby,	APPROXIMA BETWEEN CHIS	TE INTERVAL
IS.	NA 18		PART I DEATH W	AS CAUSED BY	. /	101 (0), (0), 011	An	ent				BETWEEN ONS	ET MAD DEATH
0	NO NA STATE OF THE	100		IMMEDIATE C		AS A CONSEC	DUENCE OF		11	, ,	The second		
PRESTON	ER LENNSI	1.5	Canditians, if		1 4	7.X	M	andi	N do	lant	-		
	OR TRING		gave rise to cause (a) stating	g the under-	DUETO, OR	AS A CONSEC	CE OF	77.5	1		2014	K 1000	700
201	SAL SAL		lying couse lost.		(c)		0		-				
DIVISION OF VITAL RECORDS, 201 W.	A P B B B B B B B B B B B B B B B B B B	13%	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONT	RIQUTING TO DEATH	RUT NOT RELATED	O THE TERMINAL DI	SEASE OR CONDITIO	N GIVEN IN PART 1	(0).			
0	NOII NOII NOII NOII NOII NOII NOII NOII	O N											
1 8	AL HE A	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	190 DATE OF OPER	ATION	196 CONDIT	ION FOR WH	CH OPERATIO	WAS PERFOR	RMED?			20 AUTOPS	Y?
N N	385,35	CERTIFICATION										YES 🗆	NO
Ö	A PER WEN	19	UNDERLYING		HOUR A.M	MONTH DA		c. HOW INJURY	OCCURRED	ENTER NATURE OF INJ	JRY IN ITEM 18 PART I O	R PART 2}	/
ON	SA HOUSE	CAI	CONTRIBUTING	CAUSE OF DEA			19						
IVIS IV	DED DED	MEDICAL	WHILE NOT	WHILE		OF INJURY (/	THOME, 211	LOCATION		CITY OR TOW	M	COUNTY	STATE
۵	WR WAR VAR IATE			VORK									
	ATE. OR. F. TES. VD.	9	22a I certify that	I took charge of	the remains des	cribed obove,	held an A	stapsy .	Inspection	Inquiry	and in my	y apinian	
	MIN BE BE THE THE THE THE THE THE THE THE THE TH		death resulted from	n: Notural	Man and a second	Accident	, Suicide	, Hami	cide	Undetermined mo	nner .		
	MAR WILL		ACTUAL	-	1			TITLE (	SPECIFY)		DA	11 1/2	2/07
	ZHE SHE		SIGNATURE	1	1			M.D.		_MEDICAL EXAM		SNED	181
	WOR DE	1	EXAMINER'S NAME	TAM	Acc.	Boy	DMD		BOX 3	201 60.		- M	1
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CRETIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITHOUT DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT, OF HEALTH AND MENTAL HYGIENE, DIRECTOR, MARYLAND, 21201 PRIOR TO BURNAL, CREMATION, OR REMOVAL.	22 - 04	TYPE OF PRINT	D A T	LJ C		NE OF CEMETER	ADDKESS_		23d. LOCATION			
		230.80	JRIAL, CREMATION, I	CEMOVAL 736						CITY OR TOWN	Calve		STATE
	BP	24 FU	Burial INERAL DIRECTOR	IFe	b. 25-8		Johns C	nurch (	250. DATE REC	Lusby	R 25b REGISTRAR		
	DHMH - 17 (VR A15 ME (5))	100	NAME	111 -	ADDRESS		Two low!	l. Ma	FF82	25 1097	Mulia Deri	dern Kundass	a.
	20M 4/82	DD	encer E. S	ewell	50X 31 P	rince	rederic	K, Md		a o lan	N.		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2ª DATE OF DEATH MONTH I. DECEASED NAME LTYPE OR PRINTS WILLIAM YOUNG 198 ERNEST February 26. 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH Caucasian July 6 1908 Male THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE I STATE OF FOREIGN MARRIED ANEVER MARRIED St. Mary's LISA Maryland WIDOWED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE! S HOSpital INDUSTRY St. Mary Leonardtown Agriculture Farmer NA COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE Rt. 1, Box 290/20613 Pr. Georges Brandywine Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Wilkinson LAST Mary Young Rt. 3DDRBOX 361 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IYES NO OR UNKNOWNS (IF YES, GIVE WAR OR DATES) 217-36-6832 Wm. G. Smith Mechanicsville. Md. no 18 CAUSE OF DEATH (Enter only one couse per life for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse 28s AUTOPSY7 Na DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WESE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT 7 la ACCIDENT WAS UNDERTYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER NOTIFY MEDICAL EXAMINER) P.M. TH TOCATION 71d INJURY OCCURRED 21a. PLACE OF INJURY City OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the deceased from d that in (my) ( ) opinion death occurred on the dute and hour and from the causes stated 77% SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ THE PHYSICIAN'S NA Leonardtown, Md Jarboe, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Pr. Geor. Md. St. Mary's Church Cen Aquasco 24 FUNERAL DIRECTOR P. O. Box 156 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Huntt Funeral Home Waldorf, Md. 2060 (VRA 15, 4)

